

artsTECHsolutions

"the world is our stage..."

churchville summer registration form

Child's (or children's) Name (s): _____ Age (s): _____

Parent's name: _____

Email address: _____

Address: _____ Town: _____ Zip: _____

Home phone: _____ Business/Emergency phone: _____

Medical Condition/allergies: _____

Please select the class(es) your child is attending:

June 18th to 22nd (ages 6-8) _____ June 25th to 29th (ages 9-12) _____

July 30th to August 3rd (ages 6-8) _____ August 6th to 10th (ages 9-12) _____

TOTAL ENCLOSED: _____

Cost: 150.00 per student, checks made payable to: **artsTECHsolutions**

Please drop off form or mail to:

ATT: Creative Theatre / Churchville Recreation Center: 111 Glenville Rd / Churchville / MD / 21028

You will receive email confirmation once your registration is processed, along with information about the class and what to expect from the program!

I, _____, the parent/guardian of _____,
do hereby consent to allow my child to participate in the Creative Theatre program. I certify that he/she is in proper physical condition for safe participation. I understand and recognize that there may be a risk of injury by participation in this Recreation program. I agree to indemnify and hold harmless Churchville Recreation Center, artsTECHsolutions, and their agents and employees from any injuries my child may sustain by participating in this program.

In consideration of my/our use of the Churchville Recreation Center, I do hereby release and forever discharge Harford County, a body corporate and politic of the State of Maryland, its agents, employees, volunteers, Churchville Recreation Council, Inc., its agents, employees, volunteers, the Maryland State Police Department, its agents, employees, volunteers, from any and all actions, causes of actions, liability, claims or demands for or by reason of any damage, loss or injury which may be sustained by me as result of use. I understand that failure to comply with the rules and regulations for use will lead to suspension and/or termination from use and I will not be issued a refund. I understand any photographs taken may be utilized on materials, brochures, or other publications pertaining to the Churchville Recreation Center. I, also, authorize the transport to the nearest hospital in case of injury, and for the hospital personnel to administer necessary emergency medical care. No refunds after registration.

Parent/Guardian's Signature: _____ Date: _____

MAKE CHECKS PAYABLE TO : artsTECHsolutions

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Questions: call Joe Nowosielski at 215-352-4677 ext 105

or visit us online: www.artstechsolutions.com